

Individual Income Tax Return 2001
RESIDENT(FOR USE BY TAXPAYERS WHO HAVE LESS THAN \$100,000 TAXABLE INCOME
AND WHO DO NOT ITEMIZE DEDUCTIONS AND DO NOT CLAIM ADJUSTMENTS TO INCOME)☐ Check box if filing for the first time or address has changed

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code		Spouse's occupation

**HAWAII ELECTION
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

Note: Checking "Yes" will
not increase your tax or
reduce your refund.

FILING STATUS	1 <input type="checkbox"/> Single	(Check only ONE box)
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).	
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. •	
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤	
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died •).	

Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 11.

6a <input type="checkbox"/> Yourself	<input type="checkbox"/> Age 65 or over	Enter number of boxes checked on 6a and 6b ➤	<input type="text"/>
6b <input type="checkbox"/> Spouse	<input type="checkbox"/> Age 65 or over		

EXEMPTIONS	6c and 6d	Dependents:	If more than 6 dependents, use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed ➤	6c <input type="text"/>
		1. First and last name				Enter number of other dependents ➤	6d <input type="text"/>
	6e	Total number of exemptions claimed				Add numbers entered in boxes above ➤	6e <input type="text"/>

INCOME	7	Wages, salaries, tips, etc. (attach Form(s) W-2; if unavailable, see item 5 on page 10 of Instructions)	7●		00	
	8	Interest income (complete Part I on page 2 if over \$400)	8●		00	
	9	Ordinary dividends (complete Part II on page 2 if over \$400)	9●		00	
	10	Unemployment compensation (insurance).	10●		00	
	11	Add lines 7, 8, 9 and 10	11●		00	
	Adjusted Gross Income ➤					
	Caution: • If you can be claimed as a dependent on another person's return, see page 11 of the Instructions and check here. ➤ • <input type="checkbox"/>					
	• If you are married filing separately and your spouse itemizes deductions, see page 8 of the Instructions.					
	12	Standard deduction. If you checked filing status box: { 1, enter \$1,500 2 or 5, enter \$1,900 3, enter \$950 4, enter \$1,650	Standard Deduction ➤	12●		00
	13	Line 11 minus line 12. (This line MUST be filled in)		13●		00
14	Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 11 of Instructions.		14●		00	
15	Line 13 minus line 14. Enter the result (but not less than zero).	Taxable Income ➤	15●		00	

ROUND TO THE NEAREST DOLLAR

Continue on other side

Continue on other side

CAUTION: You may **NOT** file Form N-13 (you must file Form N-11, N-12, or N-15 instead) if any of the following apply to you:








- You are a part-year resident.
- You are married filing a separate return and your spouse itemizes.
- You received any capital gains distributions.

NOTE: You may be required to file Form N-11, N-12, or N-15 for other reasons. See page 6 of Instructions.

FORM N-13

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	 _____ Your signature _____ Date		 _____ Spouse's signature (if filing jointly, BOTH must sign) _____ Date	
	Paid Preparer's Information	Preparer's Signature  and date		Preparer's identification number
		Firm's name (or yours if self-employed), Address, and ZIP Code  _____		Check if self-employed  <input type="checkbox"/>
		Federal E.I. No.  _____		
		Phone No.  _____		

- Check your arithmetic.
- **Don't forget to sign your return.** If married filing a joint return, both spouses must sign the return.
- Use your preprinted address label if you received one. Make any changes directly on the label.
- Be sure required attachments are attached. (W-2s, Schedule X, etc.)
- File early using the preaddressed envelope if you received one.